



INDIANA DEPARTMENT OF INSURANCE

ANNUAL REPORT

OF

THE

(Name of the Independent Review Organization)

(IRO License #)

LOCATED IN

(CITY AND STATE)

*As required by IC 27-8-29-19(a)(3)
of the Indiana Insurance Code*

*To be filed with the IRO Coordinator
no later than March 1st following
the end of the IRO Renewal Date*

Company	Case Number	Diagnosis	Procedure Under Review	Upheld (U)/ Overturn (O)

Total Cases = _____

Total Overturn= _____

Total Upheld = _____

Total Partial = _____

Cancelled Cases = _____

Expedited Cases = _____

Routine Cases = _____

Please submit the IRO Annual Report to the following address:

Attn: IRO Coordinator

Indiana Department of Insurance

311 W. Washington St., Suite 300

Indianapolis, IN 46204-2787